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When more than one child is born, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 180	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. 403	
City of _____	(No. _____ St. _____ Ward _____)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>Santiago Trujillo</u>			
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Male</u>	<u>Single</u> or other _____	and _____	Number in order of birth <u>1</u>
Date of Birth <u>July 25</u> 19 <u>21</u>		Legitimate? <u>yes</u>	
Month _____ Day _____ Yr. _____			
FATHER		MOTHER	
Full Name <u>Jose Trujillo</u>		Full Maiden Name <u>Annie Medina</u>	
Residence <u>Miami, Arizona</u>		Residence <u>Miami, Arizona</u>	
Color or Race <u>Mex</u> Age at last Birthday <u>33</u> Years		Color or Race <u>Mex</u> Age at last Birthday <u>19</u> Years	
Birthplace <u>Jalisco, Mexico</u>		Birthplace <u>Globe, Arizona</u>	
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>1</u>		Number of Children, of this mother, now living <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>July 25</u> , 19 <u>21</u> , at <u>7:30</u> P.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		Signature <u>D. M. Chow M.D.</u>	
Given or Christian name added from a supplemental report _____ 191 <u>1</u>		Address <u>Miami, Arizona</u>	
236-725-141		B. Hardy M.D.	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
A True Copy		COUNTY REGISTRAR.	